

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131
 County Registrar No. _____
 Local Registrar No. _____

No. Miami Inspiration Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Barris Blanche Gale { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth mar 6 1925
 Month Day Year

8. FATHER
 Full name Vernon Lee Gale
 9. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 24 (Years)

14. MOTHER
 Full maiden name Blanche Elizabeth Clouse
 15. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico
 13. Occupation miner
 Nature of industry Copper

18. Birthplace (city or place) Franklin, Ariz.
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:10 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)

Address Miami, Ariz.

Given name added from a supplemental report
 Month, day, year

Filed April 5, 1925 Nelson D. Brayton
 Local Registrar.

Filed _____, 19 _____
 Registrar _____ County Registrar.

475-306-235